



W-2 Withholding Declaration

Please print or type.

Employee Name _____

Social Security Number - -

Mailing Address _____

Employer Contact _____

Business Name _____

Mailing Address _____

Type of Business _____

Business Federal Employer Identification Number (FEIN), if known -

Tax Year

Total Wages Paid..... \$ _____

Federal Income Tax Withheld (attach supporting documentation) \$ _____

Montana Income Tax Withheld (attach supporting documentation) \$ _____

I declare under penalty of false swearing that I was an employee of the employer identified above and the employer, **(mark one box):**

- did not furnish**
- refused to furnish**

to me a federal Form W-2 showing the Montana income tax that was withheld from my wages. The amount stated above as Montana income tax withheld was calculated as described in the documents I have attached to this form.

Signature of Taxpayer (required)

Date

Questions? Please call us toll free at (866) 859-2254 (in Helena, 444-6900).

